

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: VERFAHREN ZUM EXTRAHIEREN EINES ZAHNES  
Attorney Docket Number:: HOE-809  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: No  
Petition Included?: No

### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Gabor  
Family Name:: Hermann  
City of Residence:: Tuttlingen  
Country of Residence:: Germany  
Street of Mailing Address:: Untere Hauptstrasse 3  
City of Mailing Address:: Tuttlingen  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 78532

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 20028  
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**REPRESENTATIVE INFORMATION**

Representative Customer Number::	20028	
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**ASSIGNEE INFORMATION**

Assignee Name:: AESCULAP AG & Co. KG

Street of Mailing Address:: Am Aesculap-Platz

City of Mailing Address:: Tuttlingen

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address::78532